1.

F. S. No. 1.

	should ION 1
RECORD	PHYSICIANS of OCCUPATI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
A S	be sti
THIS IS	should riy class
INK-	d. AGE
NEADING	efully supplied at it may be rtificate.
WITH U	erms, so the back of ce
LAINLY,	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.
WRITE F	of of information of
	Every ite CAUSE

state

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred to Ward) a hospital or Institution. give its NAME lostead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIROWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than t day,hrs. 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHP ACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ... State _____ grs, ____ mos, ____ ds. Where was disease contracted. If oot at place of death? usual residence OR REMOVAL BAN DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEEPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For VIOds.;



state Very . pinous OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT -THIS UNFADING may 80 WITH pinous plain Information 5 To DEATH 0

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or institution. give its NAME Instead of street and nomber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WICOWEO. (Month) (Year) (Dav ORDIVORCEO (Write the word) HEREBY CERTIFY attended deceased from DAC. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE ..., 191.4. (Address) Z OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) ARE 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs.__ Where was disease contracted. THE ABOVE IS TRUE See If not at place of death? Former or Hem OF Every Item CAUSE OF Important. usuai residence 19 PLACE OF BURIAL REMOVAL BATE OF BURIAL (Address).... 15 29 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the diskase Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant.ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Mcdical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for the head Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BURLLAU, V.S.

Y. S. No. 1.

Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD NB

County Harful 648	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Afferville (No	Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 STATE.	16 DATE OF DEATH
Flamale White (Write the word) (Marked	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) AGE If 'LESS than	that I last saw hele alive on for 1914
yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
particular kind of work (h) General nature of industry, business, or establishment in which employed (or employer) PEIRTHPLACE (State or country) Coarelland	(Duration) yrs 6 mos ds. Contributory (Secondary)
10 NAME OF FATHER Janfanour 11 BIRTHPLACE (State or country) Unfortun 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) Cohales (M. D. (Signed) Cohales (M. D. (Signed) Cohales (M. D. (Signed) (Signed) (Signed) (M. D. (Signed) (Signed) (Signed) (M. D. (Signed) (Signed) (Signed) (M. D. (Signed) (Signed) (M. D. (Signed) (Signed) (M. D. (Address) (M. D. (Signed) (Signed) (M. D. (Signed) (Signed) (M. D. (Address) (M. D. (Signed) (M. (Signed) (M. (Signed) (M. (Signed) (M. (Signed) (M. (Signed
13 BIRTHPLACE OF MOTHER (State or country) Quaryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
Interment) With a Paright	Where was disease contracted, If not at place of death? Former or usual residence
Filed Jun 13., 1914 Phillips	DATE OF BURIAL OR REMOVAL DATE OF BURIAL MAN (191) OUNDERTAKER ADDRESS
If more blanks are needed, address State Registrat	r, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, hrst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carein-

mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia." "Anaemia" (mereiy symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (name origin; "Can-"Exhaustion," Examples:



No.

0

15

Filed

PHYSICIANS should of OCCUPATION is PERMANENT INK UNFADING certificate. 50 back pin PLAINLY instructions piai Ē DEATH 50 Item OF mportant. ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. If death occurred in .Ward) a hospital or lostitution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1886 (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory Lecza BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) Stame OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. _ ____ yrs. ____ mos. ___ ds. Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

> FEGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated uuless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal soptichacetc., when a defiuite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



V. S. No. 1.

3

8

7

8

14

	PLACE OF DEATH 650	STATE OF MARYLAND
/	of 1	CERTIFICATE OF DEATH
Co	unty Harford	186
		Registration Dist, No.
Vill	lage or City & arrede Grace (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	2FULL NAME CONNUE CESMU	ia Bonell of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	- 1 1 MARRIED, Vingle	16 DATE OF DEATH January 4, 191 (Month) (Day (Year)
11	emale White (Write the word)	17 I HEREBY CERTIFY, That I attended decessed from
8 D/	ATE OF BIRTH	Jany 10/ 1914, to Jany 3, 1914.
	Month) (Day (Year)	that I last saw h ar alive on Jean 1914
TAC		22-6
	1 day hre	and that death occurred on the date stated above, at 300 m,
	2 yrs 8 mos 6 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION 7	Cephellow Bronchelen
	Trade, profession, or None	
	General nature of Industry,	***************************************
	iness, or establishment in Chempioyer (or employer)	(Duration) yrs most ds.
	RTHPLACE (State or country) Carrelde, Grace	Contributory Rosping Cough Secondary
	10 NAME OF	(Doration) yrs mos ds.
	Harry Borrell	(Signed) , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	flage, 1914 (Address) Barre de Jan
PARE	12 MAIDEN NAME CO.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
d	OF MOTHER Rissie Sentert	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country) Have de Gare	At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Lange Benell	If not at place of death?
	(Informant) Osany Borrece	usual residence.
	(Address) Havre de Frace	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 (1) 100	Int Grin Cemetry Jun 7, 1814
Blo	ed Jan. 6 = 1914 Jas. 26 Boy My. A	20 UNDERTAKER ADDRESS
/	RIGISTHAR	& Wenningsoft on H derrace
0	If more blanks are needed, address State Regis	ter, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mme, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencies of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report For vio-



pe pinous AGE supplied. should Information WRITE Po Item

RECORD

PERMANENT EXACTLY.

d

statement

Exage

properly classified.

pe

may

1 that

80

terms.

EATH In plain

Q

P O

Every It

m

STATE OF MARYLAND ACE OF DEATH PHYSICIAMS should state of OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 20 (Month) (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. 3 The CAUSE OF DEATH* was as follows: OR mio. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) Geoeral nature of Industry, business, or establishment in which employed (or employer) certificate. State or country (Secondary 10 NAME OF FATHER (Signed Jo back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ___ yrs. mos. State Where was disease contracted. KNOWLEDGE If not at place of death? usual residence mportant. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-LENT DEATES State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) "Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronia is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT DNIONID classified. be pinous 14 AG INK supplied ESERV UNFADING may certificate. that 0 MARGIN terms, should plain instructions Information = DEATH Sec 50 OF Item Every Item CAUSE OF Important.

m

ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No..... (If death occurred in St.;....Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, O (Month) (Day) Write the word) I HEREBY CERTIFY. That I sttended deceased from 17 6 DATE OF BIRTH (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs mos. yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence. OF BURIAL DATE OF BURIAL 15 REGISTRA If more blanks are needed ddress State Reds ras, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acct-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-



No. υŝ

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. properly classified. 4 pinous UNFADING INK-THIS supplied. carefully that WITH Pe terms. pinous plain Information = DEATH WRITE ō Item OF Important. Every Ite ż

state o arre de PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Married (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than f day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate, 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 60 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

REGISTRAR

If more blanks are needed, address State Registear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in hospital or institution tive its NAME instead

of street and number.]

MEDICAL	L CERTIFICATE	OF DEATH
DATE OF DEATH	Jan	22 , 191.
Lucara	(Month)	(Day (Year)
17 I HEREB	IT CERTIFY, Inst	I attended deceased from
	191, to	, 191
that I last saw ha	alive on	, 191
and that death occurred	on the date state	d above, at
The CAUSE OF DEATH		4 40000, 4 6
Natural		
will will		
	**************************************	**********************

	the.	Y. 1
	(Duration)	Yrs. mos
Contelleuteev	(Duration)	derofyrsmos
Contributory Secondary	(Duration)	yrs. mos.
Secondary	(Duration)	yrs mos
Secondary (Signed) Holm	(Duration)	yrs mos
Secondary (Signed) Holm	(Duration)	yrs mos
Secondary (Signed)	(Duration)	pplant
(Signed)	(Address) 600 (Address) 600 CAUSING DEATH, OANS OF INJURY; SICIDAL.	r, in deaths from VIOLE and (2) whether Accide
Secondary (Signed)	(Address) (Addre	r, in deaths from VIOLE and (2) whether Accide
(Signed)	(Address) (Addre	r, in deaths from VIOLE and (2) whether Accidents, INSTITUTIONS, TRANSIEN
(Signed)	(Address) Causing Death, of ans of Injury; a lottoal. NCE (For Hospital. In the s	r, in deaths from VIOLE and (2) whether Accide
(Signed)	(Address) CAUSING DEATH, OANS OF INJURY; SICIDAL. NCE (FOR HOSPITAL. In the State	r, in deaths from VIOLE and (2) whether Accidents, INSTITUTIONS, TRANSIEN
*State the Disease (CAUSES, state (1) ME. TAL, SUICIDAL, or HOM 18 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted,	(Address) CAUSING DEATH, OANS OF INJURY; SICIDAL. NCE (FOR HOSPITAL. In the State	r, in deaths from VIOLE and (2) whether Accidents, INSTITUTIONS, TRANSIEN
(Signed)	(Address) (Addre	r, in deaths from VIOLE and (2) whether Accident (2) whether Accident (2) with the control of th
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death yrs. mos Where was disease contracted, if not at place of death? Former or usual residence.	(Address) (Addre	r, in deaths from VIOLE and (2) whether Accident (2) whether Accident (2) with the control of th

aldermuda Italf-det ware

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanltion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

FEB 6 1914
BUREAU, V. S.

V. S. No. 1.

N. B.

srefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT carefully supplied. Every liem of information should be esrefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH 654
Sounty Hayward

/Illage or City Journal (No. 2 FULL NAME PRAISELY)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
TAGE DATE OF BIRTH AMAGE (Month) (Day (Year) If LESS than 1 day, hrs. OR min.?	that I last saw h alive on fact 15 1, 1914 and that death occurred on the date stated above, at The GAUSE OF DEATH* was as follows:
COUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Ouration) yrs mos ds. (Ouration) yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country) Harry & lo kidl 12 MAIDEN NAME OF MOTHER Trank & Rolly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mes. ds Where was disease contracted, it not at place of death? Former or baugh residence
(Address) Frenh Hill And 15 Filed Can 17 1914 Q Edgar Dean REGISTRAN	19 PLACE OF BURIAL OR REMOVAL AND LANGE LINE LANGE ADDRESS. ADDRESS. B. J. J. J. J.

the state of the s

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puenperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 4 1914
BUREAT, V. S.

Village or City Garland (No)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St. St.; Ward) St.; Ward) [if death occurred in a hospital or lostitution, give its WAME lostead of sireef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
SEX A COLOR OR RACE Minower, Midow Write the word) S DATE OF BIRTH MONth (Month) (Day) (Year) AGE	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 200, 1914, that I lisst saw have alive on 200, 1914, and that death occurred on the date stated above, at 1-200, m,
yrs. mos. ds. ormin.? OCCUPATION (a) Trade, profession, or particular kind et work. (b) Geogral nature of industry, business, or establishment lo which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: (Deration) yrs. mos. ds. Contributory (Manney)
10 NAME OF FATHER BOYNEY CLORE 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) March & Transparent (Address) State Registran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL ADDRESS JOUNDERTAKER ADDRESS ADD

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin.

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malk Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples: cause for For viod8.



RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
656	CERTIFICATE OF DEATH
County Harford	Registration Dist. No. 184
Village or City Cartleton (No	St.; Ward) [It death accorded in a hospital or lostitution, give its NAME instead
* FULL NAME Mary E, Ale	genfritz ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Africe (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH March 14, 1913. (Month) (Day) (Year)	that I last asw her allve on Jan 11 , 191 K
7 AGE 11 LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated shove, st / U a m, The CAUSE OF DEATH* was sa follows:
S OCCUPATION (a) Trade, pretession, or particular kind of work	(Buratlen) yrs. nos. 3 ds.
Mich employed (or employer) **BIRTHPLACE (State or country) **Mod	Contributory Therefore (Secondary) (Description) Yes mos 8 ds.
on 11 BIRTHPLACE	(Signed) 93 Kub N. D.
C OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds,
(Informant) Morais J. Fganfacts	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Castleton Mc6. 15 Filed fare 14th 1914 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Larling ton Cen, Jan. 1814 20 UNDERTAKER ADDRESS Lerbert & Barley Karlington
If more blanks are needed address State Registra	7, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTABLE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. . But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the dibrable causaling death—Indeed on with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

by carbolic acid-probably suicide. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For VIO-



BINDING RESERVED FOR MARGIN

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly cisselfied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms. s N. B.-

1 PLACE OF DEATH

657

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Bel an horno. 2FULL NAME Ellen h.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale arbitred 5 single, Lingle Limale arbitred (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended deseased from
Company Comp	that I sest saw had silve on an an 20 th, 1914, that I sest saw had silve on an an 20 th, 1914 send that death occurred on the date stated above, at the m. The GAUSE OF DEATH & Was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) © BIRTHPLACE (State or country)	Contributory Canquelon of Long
10 NAME OF FATHER (State or country) Haybral to have of FATHER (State or country) Haybral to have of Mother of Mother	Signed) Charles (Doration) yrs mos ds. Signed) Charles (Address) Belder Man Death, or, in deaths from Violent Tal, Suicidal, or Homicidal, (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) Handwale by 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Amage (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mes, ds Where was disease contracted, if not at place of death? Former or usoal residence.
(Address) Bel air Inda 15 Filed Jan 22, 1914 J. Edgar Dean REGISTRAL If more blanks are needed address State.	19 PLACE OF BURIAL OR REMOVAL LAMENTALE limetry from L3, 1914 20 UNDERTAKER ADDRESS Belain MA

State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the engineer,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, ctc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," cause for



state . County. PHYSICIANS should of OCCUPATION IS 112 Kalmbaelies PERSONAL AND STATISTICAL statement MANENT EXACTLY 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE SEX MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY Exact 6 DATE OF BIRTH classified. (Day) (Year) (Month) be If LESS than TAGE should t day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind at work. (b) General nature of Industry, supplied. business, or establishment in which employed (or employer) ----may Ш Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully that It 10 NAME OF FATHER 80 of MARGIN 11 BIRTHPLACE terms, ENT OF FATHER (State or country) AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE In At place OF MOTHER of death _____ yrs. ___ mos. .. (State or country) 0 DEATH Where was disease contracted. If not at place of death?..... See Farmer or OF usual residence. Item Every item CAUSE OF Important. (Address 15 m REGISTRAR Z If more blanks are needed, address State Registrar, 6 E. Franklin S., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 2

DDRESS

St:....Ward)

Ilf death accurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) CERTIFY, That I attended deceased from The CAUSE OF DEATH * was as follows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, la the State DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISTABLE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purerreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio oma. Sareoma. etc., of cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." scpsis, tetanus) "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; probably



state Very CERTIFICATE OF DEATH PHYSICIANS should, of OCCUPATION IS Registered No Ilf death occurred in St:Ward) a hospital or institution. give its NAME Instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 18 DATE OF DEATH S SINGLE, MARRIED, married. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attanded deceased from Exact 6 DATE OF BIRTH 1841 classified. (Month) (Day) (Year) pe If LESS than 7 AGE pineds 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) -----Contributor certificate. ⁹ BIRTHPLACE (State or country) (Secondary = that 10 NAME OF (Signed) FATHER 10 back 11 BIRTHPLACE terms, FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the 5 OF MOTHER (State or country) 7 ot death yrs. mos. State yrs. _ of Inform DEATH Where was disease contracted. WRITE It not at place et death? See Former or OF usual residence. Item Every Item CAUSE OF Important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

DINOING

ARGIN

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (rettred 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons The

losis of lungs, pneumonia"); causing death (the primary affection with respect to ("Pneumonia," brospinal fever (the only definite synonym is "Epidemic ceretime and causation), using aiways the same accepted Statement of cause of death-Name, first, the DISEASE for the same discase. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of Tuphoid fever Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc.. unqualified, is indefinite); Tubercu-(never report "Typhoid Carcin-

> childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) Measles (disease causing Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," etc. State cause for (name origin; "Candeath), 29 ds.; Examples: For VIO-



V. S. No. 1.

N. B.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

/ 1	PLACE OF DEATH	660
County	Haywah	000
	7. (1 //



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vit	lage or City Furest All (No. 1.)	St.; Ward) [If death occurred is a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Q Q , 1914 (Month) (Day (Year)
	ATE OF BIRTH (Month) (Day (Year)	that I lest saw h Muslive on Jaw 23 1914,
TA	GE If LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated above, at 6,00 m, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION) Trade, profession, or hitual we chant- rticular kind of work hitual we chant General nature of industry, piness, or establishment in lich employed (or employer)	aleb & ales (Duration) yrs. 1 mos. 7 ds.
9 81	(State or country) middlehown the	Contributory as above Secondary Secondary Contributory As above
10	10 NAME OF JUST 2 a/ke	(Signed) Cas Collingsums , N. B.
11 BIRTHPLACE OF FATHER (State or country) Mildle Hown tell 12 Manual M		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PAR	13 BIRTHPLACE OF MOTHER (State or country) mddle town Del	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
	(Informant) Marquinte & Penaletas	Where was disease contracted, If not at piace of death? Former or usual residence
15 Fil	of and 1971 O, Edgar Dean	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTY OF BURIAL 20 UNDERFACER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," engincer, (4)

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., brospinal meningitis"); Diphtheria term for the same discase. Examples: Cerebrospinal tlme and causation), using always the same accepted eausing Death (the primary affection with respect to ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is Typhoid unqualified, is indefinite): Twbercufever (never report "Typhoid "Epidemic eere-(avoid use of Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. classified. UNFADING 10 WITH back terms, 6 plain instructions Information 5 DEATH See ŏ Item P-0 mportsnt. ш Every 0 ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred le St.:---Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 BEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. (Month) (Day (Write the word) (Year) CERTIFY. That I attended deceased from DATE OF BIRTH Mukum (Month) (Day (Year) TAGE If LESS than end that death occurred on the date stated above Julybused 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. ____ mos. ___ State Where was disease contracted. EST OF MY KNOWLEDGE if not at place of death? ... Former or usual residence. PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiq cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conample: "Contributory." by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU, V.S.

Village or City Calvary (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal White Single, Married, Widowed, Orbivorced (Write the word)	18 DATE OF DEATH JAW B/ 1914 (Month) (Day) (Year) 17 HEREBY CERTIFY, That I strended deceased from
7 AGE OBJECT OBJECT	that I last saw h. L. alive on
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	Congesital Hydrosephalus (Duration) yrs. mes. as.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Charles Magness 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER Susle a. Husself 13 BIRTHPLACE OF MOTHER (State or country) Mary land	(Signed) (Address) A translets , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds.
(Informant) Nova H. Butler	Where was disease contracted, It not at place et death? Former or usual residence
(Address) aberdeen Md. 16 Filed Feb 1st , 1914 lo. le. beronine Gocal REGISTRAR	Date of Burial OR REMOVAL Calvary Date of Burial Pet 1st, 1914 20 UNDERTAKER Huward K W. Comes Chingdon
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housenaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the nismasm material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman," The

losts of lungs, meninges, peritonaeum, etc.. pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup"); Typhoid fever brospinai fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the nismass meningitis"); Diphtheria (avoid use of Lobar pneumonia; Bronchopncumonia unqualified, is indefinite); Tubercu-(never report "Typhoid Carcin-

> childbirth or miscarriage, as "Puerperal septichaemia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailsinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultlon," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of or Homicidal, or as probably "Dropsy," (name origin; "Cen-"Exhaustion," Never report Examples:



state PHYSICIANS should OCCUPATION IS Jo statement PERMANENT Exact classified. pe pino THIS properly INK supplied. pe may certificate. that 80 of be back terms, should 0 plain Instructions Information EATH In WRITE 0 0 OF Item Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred inWard) a hospital or institution. give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, st. 1 day,hrs. The CAUSE OF DEATH + was as follows OR min. ? BOCCUPATION (a) Trade, profession, or particular kind at work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) ... 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs. mcs. .. Where was disease contracted. It not at place of death?usual residence DATE OF BURIAL 15 ADDRESS Doca REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuber pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of "Contributory." Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For VIO-



vi.

OCCUPATION PHYSICIANS o statement PERMANENT EXACTLY. classifled. properly supplied. pe may = that 80 terms, plain information _ ATH of i DEA See Item 10 Every it

certificate.

ō

back

instructions

Important.

0

13 should

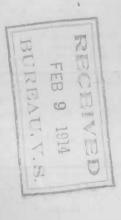
STATE OF MARYLAND 1 PLACE OF DEATH 664 CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in St.:....Ward) Village or City..... (No..... a hospital or institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH ' PERSONAL AND STATISTICAL PARTICULARS 16 OATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 OATE OF BIRTH 1907 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at / 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? yrs. mos. SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) ----- yrs. which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ., 191. (Address) 11 BIRTHPLACE OF FATHER (State or country) AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIOEN NAME TAL. SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. 14THE ABOVE IS TRUE TO MY KNOWLEGGE If not at place of death? Former or (Informant) -usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTA If more blanks are needed, address State Regis tran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. . Examples: childbirth or miscarriage, as "Purrperal septichaemus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

Village or City Street (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /S/ [If death occorred is a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale While Single, Married, Married, Wiooweb, Worder (Write the word) 5 DATE OF BIRTH July 28 1846 (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914 that I last saw herer, alive on 1914
7 AGE If LESS than (1 day,	snd that death occurred on the date stated above, at 4 20 5 mm. The CAUSE OF DEATH* was as follows:
COCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Boration) yrs mo ds. Contributory (Secondary)
OF FATHER WA MONISON 11 BIRTHPLACE (State of country) 12 MAIDEN NAME OF MOTHER Sallie Galegee 13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) My Collen Mondo (Address) Street Works 15 Filed My 4 1914 Jas W nobb Registran	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or osual residence 19 place of Burial or Removal Date of Burial 20 undertaker Address
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agecated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lunds, meninges, peritonacum, etc.. Carcin-

which surgical operation was undertaken. For viechildbirth or miscarriage. as "Purerreal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medicai Association.) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia-"Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report



certificate.

0

on back

See Instructions

m

z

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

579		9 -	s _			
K	€g	15	ξę	Le	•	No.

St: Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

	OF DEATH
16 DATE OF DEATH	31 191
// (Month)	,
17 I HEREBY CERTIFY, The	
Jun 29 1914, to 9	m 31 191
The state of the s	
that I last saw had allve on	914 3 k 191
and that death occurred on the date stat	ed above, at 10 P
The CAUSE OF DEATH * was as follows	
L'a Colrebral	Heworhage
5 (-1 (1)	artenance of Nonlandanting
and the state of t	The all the
Jan	WHO WILL WA
ded not allend buration	until the cast
(Secondary)	•••••••••
	yrsmos
At 1 Turne	
(Signed) Dr J June	, H
(OIBHGU)	
Stel- 2 1914 (Address) Whi	le Kall Vi
Mel-2", 1914 (Address) What	Le Kall
*State the DISEASE CAUSING DEATH, o	r. In deaths from Violen
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from Violen and (2) whether Accide
*State the DISEASE CAUSING DEATH, o	r, in deaths from Violen and (2) whether Accide
*State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENCE) At place In the	r, In deaths from Violen and (2) whether Accide .e. Institutions, Transien
*State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State	r, In deaths from Violen and (2) whether Accide accide accident the second accident that the second accident the second accident that the second accident the second accident that the second accide
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted,	r, In deaths from Violen and (2) whether Accide accide accident the second accident that the second accident the second accident that the second accident the second accident that the second accide
*State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	r, In deaths from Violen and (2) whether Accide accide accident the second accident that the second accident the second accident that the second accident the second accident that the second accide
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted,	r, In deaths from Violen and (2) whether Accide accide accident the second accident that the second accident the second accident that the second accident the second accident that the second accide
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds, State Where was disease contracted, if not at place of death? Former or	r, In deaths from Violen and (2) whether Accide accide accide accide accide accide accide accide accident accid
*State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, if not at place of death? Former or usual residence.	r, in deaths from Violen and (2) whether Accide S. Institutions, Transien yrs,
*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, If not at place of death? Former or usual residence	r, In deaths from Violen and (2) whether Accide accide accide accide accide accide accide accident acc

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S./No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

losis of lungs, meninges, peritonacum, etc.. Carcinpneumonla"); Lobar pneumonia; Bronchopneumonia fever (the only definite synonym is "Epidemic cereterm for the same disease. causino peatif (the primary affection with respect to brospinal ("Pneumonla," Statement of cause of death-Name, first, the DISEASE and causation), using always the same accepted meningitis"); Tuphoid unqualified, is indefinite); Tubcrcufever (never report "Typhoid Diphtheria Examples: Ccrebrospinal (avoid use of

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrernal septichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of Is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL peritonitis," "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion." etc. State cause for (name origin: "Can Examples: For vio-



V. S. No. 1.

m

z

should is OCCUPATION PHYSICIANS RECORD 0 PERMANENT EXACTLY. classified. 0 THIS properly INK pe UNFADING msy certificate. 6 WITH back terms, 6 plain Instructions 5 DEATH See OF mportant. Every It

Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred ia Village or City St.:---Ward) a hospital or institution. give its NAME iestead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw helle slive on (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at f day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or churce particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ecunca 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State _____ yrs. ____ mos. _ Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (informant) usuai residence. DATE OF BURIAL (Address)..... 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death is respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercules of lunds, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenclasepsis, telianus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



MARGIN RESERVED FOR BINDING

PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH PHYSICIANS should state of OCCUPATION is very

EXACTLY.

properly classified.

The DEATH in plain terms, so that it may be See instructions on back of certificate.

pinous

Information

Every Item of CAUSE OF Important. S

N. B.-

RECORD

V. S. No. 1.

PLACE OF DEATH 668	STATE OF MARYLAND
Hand	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Shistmit All (No. 25 ULL NAME Zydia & O.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded deceased from 26, 1913, to 2227, 1913,
(Month) (Day (Year)	that I last saw h. San aliva on St. c. 27 1918
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the data stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Paralesia
business, or establishment to which employed (or employer)	(Duration) yrs 3 mos ds.
State or country) Hanvallo and	Secondary A (Duration) yrs mos ds
10 NAME OF FATHER FLAAL ONL	(Signed) Te, O. Samphan, N. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Selling When Thomas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Harved be her	At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Shase Payle	Former or usual residence.
(Address) Forest Itil Md	Deer heck comely from 6, 1914
Flet and 1914 f. Edgantean	20 UNDERTAKER ADDRESS ADDRESS Bel him had

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: (a) Spinner, (b) Collon mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as Al school or At home. Care Housewife, Housework, or At Home, and ebildren, not wbo receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: The question "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

genital," tbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the Americau Medical Association.) eause of death approved by Committee on Nomenclascpsis, tctanus) denl; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU, V.S.



RECORD statement PERMANENT EXACTLY Exact classified. 4 pe THIS properly JNKsupplied. pe UNFADING msy certificate. that 90 WITH back terms. should piain AINL Instructions Information 5 EATH See ō ā Item OF ы Every m ż

STATE OF MARYLAND PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH Registered No. Lif death occurred in St:Ward) a hospital or tostitution. give its NAME lestead at street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE SSEX MARRIEO, Buns WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH that I last saw hit alive on (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 57/1-2, m 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature at industry, business, or establishment in (Ouration) yrs. mos. which amployed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 9 . 191 4 (Address)..... 11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER State yrs, ____ mos. of death _____ yrs. mos. (State or country Where was disease contracted. If not at place of death?-Former or usual residence. mportant. DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Can-"Exhaustion," Examples: cause for



SICIANS should instructions 5 DEAT 0 OF Important. Every

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME Instead of streef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH WIDOWED, I'M STORY (Write the word) (Month) (Year) (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. alour 5 9 The CAUSE OF DEATH & was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. Where was disease contracted If not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day luborer, Farm laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Laborer-Coal As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 104 BUREAU.

V. S. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No OCCUPATION Ilf death occurred inWard) a hospital or institution, RECORD give its NAME lestead of streef and number.] Jo PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended DATE OF BIRTH (Month) (Day (Year) TAGE If LESS fban and that death occurred on the date stated above, a f dayhrs. The CAUSE OF DEATH* was as follows: OR ? SOCCUPATION (a) Trade, profession, or UNFADING INK particular kind of work. (b) General nature of industry. business, or establishment in may (Duration) 2 which employed (or employer) State or country Contributory. 10 NAME OF FATHER (Signed) Jo 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. PLAINLY, 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country of death yrs. mos. ds. DEATH State ... Where was disease contracted. if nof af place of death? Former or R OF Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional live is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

cer" cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuauition," "Maras genital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dcut; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. B. No. 1.

C	ounty Justord	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 180
٧	FULL NAME Margaret Lusar	st.; Ward) St.; Ward) Fit death occurred in a hospitat or institution give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	walk white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	ATE OF BIRTH Suc 19, 1846 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Jenu 17 1914, to Jenu 22 1914, that I last saw h 22 alive on 22 1914
7 A		and that death occurred on the date stated above, at 3 Pm, The CAUSE OF DEATH* was as follows:
pa (b)	OCCUPATION OF Trade, profession, or Strusture fit Color kind of work Geograf nature of industry,	Arpting- Varalysis
9 Bi	iness, or establishment in ch employed (or employer)	Contributory Browley Charation yrs mos ds. (Beration) yrs mos ds.
ENTS	10 NAME OF FATHER FULL CUNDY COLL 11 BIRTHPLACE OF FATHER (State or country) Grywany	(Signed) Character M. D. *State the Dispass Causing Draw on in deaths for View
PARENT	12 MAIDEN NAME Calture Force 13 BIRTHPLACE OF MOTHER (State or country) 9 CMMOTHER	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
	(Informant) Huy Chas Chully	of death yrs mos ds. State yrs mos ds. Where was disease contracted, If oot at place of death? Former or osual residence
1 5 File	(Address) July 6 Commercial Agricultures)	20 UNDERTAKER HOWARD (MELLING ALM) DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL LANGE OF BURIAL REPORTED TO BURIAL DATE OF BURIAL LANGE OF BURIAL REPORTED TO BURIAL REPORTED TO BURIAL REPORTED TO BURIAL LANGE LANGE
	If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1. 2nd

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative acaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaedent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the State cause for "Exhaustion," Never report Examples:



M

PERMANENT INK ö Item

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. 1 0 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR BACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) (Year' I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ._____ 191 ____ to classified. (Month) alive on (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at_____ 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 properl 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) Jo back 11 BIRTHPLACE , 191.5. (Address) Face PARENT termi OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. uo 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country) DEATH ot death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. .. Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE See It not at place of death?... OF (Informant) usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially lu industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulessis of lungs, meninges, peritonaeum, etc., Carcin-

vatvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-



1	PLACE OF DEATH	STATE OF MARYLAND
	11 / 1 / 200	CERTIFICATE OF DEATH
Co	unty Hayara Cel	Registered No. 180
	np . o .	[if death occurred to
Vi	llage or City Chuselbulle (No,	St.; Ward) a hospital or institution,
		give its NAME Instead of streat and number.]
	FULL NAME fame	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	LE CINCIE ()	16 DATE OF DEATH Jan 31 1914
lo.	male Calard (write the word)	(Month) (Day) (Year)
1	(Write the Word)	177 I HEREBY CERTIFY, That I attended deceased from
B D	Lenkyrown 1841	Jan 25, 1914, to fan 25, 1914
	(Month) (Day) (Year)	that I last saw har allve on for 20 ,191 X
7 A G		and that death occurred on the date stated above, at 10 4 m,
	73 yrs. mos. ds. orhrs.	The CAUSE OF DEATH* was as follows:
Back	CCUPATION	Parifluses of the Heart
(a)	Trade, profession, or	
	Oeneral nature of Industry,	
busi	ness, or establishment to the employed (or employer)	(Duratieo)yrsmes,ds.
		Contributory(Secondary)
(8)	RTHPLACE (ate or country) Churchmille md	(Duration) yrs. mos. ds.
	10 NAME OF PP	(Signed) albert Melister. N.D.
	FATHER Shadrock Johnson	Jan 31 11 latineacharllane
TS	11 BIRTHPLACE	191 7 (Address) 10 must make the
EN	(State or country) unbecome.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARENTS	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
EL.	13 BIRTHPLACE	OR RECENT RESIDENTS) At place le the
	(State or country) Unismoson	ot death yrs ds. State yrs mos ds.
147	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Chas A Megness fr	Former or
	Pel pusal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Ashung benutary Feb 3, 1914
15	. Febr 3 101 lololorina	20 UNDERTAKER ADDRESS
Fil	ed Socal REGISTRAR	Howard 18 mclomas Abruydon
		r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	X	

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, have no occupation whatever, write None. If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," The (0)

CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia fever (the only definite synonym is ("Pneumonia," unqualified, is indefinite); Tubercu-"Croup"); brospinal term for the same disease. Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. and causation), using always the same accepted meningitis"); Diphtheria Typhoid fever Examples: Cerebrospinal (never report "Typhoid "Epidemic cere-(avoid use

> childbirth or miscarriage, as "PUTRPERAL septichaesuch, if impossible to determine definitely. mia," "Puerperal peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HEMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., oI . ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for For VIO-



BINDING Œ 0 u, ESERVED a MARGIN

rSICIANS should atate occuPATION is very PHYSICIANS RECORD ō statement PERMANENT EXACTLY. Exact stated classified. 4 pe S pluoda properly AGE INK oarefully supplied. UNFADING certificate. 80 of WITH pe back DEATH in plain terms, should 0 AINLY instructions information PL WRITE of Every item CAUSE OF mportant. 1 PLACE OF DEATH

1 day hrs.

OR min. ?

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No. 184

.....Ward)

[If death occurred in a hospital or institution. give its NAME Instead of street and number. ?

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE if LESS than

8 OCCUPATION

(a) Trade, profession, or particular kind of work. (b) General nature of industry.

business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE ENT OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

AR

15

m

13 BIRTHPLACE OF MOTHER (State or country)

ntormani) 4.4.4.4	. 49	A		Z	
(Address)		In	Id.	7	ml.
			1.	10	2002

1 Cen 24, 191/4 REGISTRAR

MEDICAL	CERTIFICATE	OF	DEATH
---------	-------------	----	-------

DATE OF DEATH	Jace	23	10160
	(Month)	(Day)	(Year)
17 I HEREB	Y CERTIFY, That I a	ttended dec	eased from
, 1	91, to	· · 6 • • • • • • • • • • • • • • • • •	, 191
hat I last saw hal	live on	***************************************	, [91
and that death occurred	on the date stated a	bove, at	m
The CAUSE OF DEATH*	was as follows:		
Shiel	· Tome	-	

19000000	••••••••••••••		
***************************************	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		0do - 0dd 0 <u>000</u> 0
·····	(Duration)	yrsm	osds.
(Secondary)	***************************************		************
(Secondary)	(Burnellen)		
(Signed)			, M. D.
1-24-, 1914 (Address) DE	ead (ra.
*State the DISEASE CACAUSES, state (1) MEANTAL, SUICIDAL, OF HOMI	is of injury; and	deaths from (2) whether	VIOLENT ACCIDEN-
BLENGTH OF RESIDEN	CE (FOR HOSPITALS, IN	STITUTIONS, T	RANSIENTS,
on RECENT RESIDENTS)	in the		

	OR RECENT	FRESIDENCE (I	FOR HOSPITALS.	INSTITUTIONS,	TRANSIENT
I	At place		in the		

of death	yrs.	mos	_ ds.	State	yrs,	mos.	 ds.
Where was dise	Base	contracted,					

If not at place of death?..

usual residence.

PLACE OF BURY	AL OR REMOVAL	DATE
) laly u	dgz con	relay ya
0	11	

20 UNDERTAKER

ADDRESS

OF BURIAL

1f more blanks are needyd, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (c) Spinner, (b) Cotton mill; (a) Salcsman, (b) It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—In all respect to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-throspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fever fineumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Pursperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent: Revolver round of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (discase causing affection need not be stated unless important. "Colianse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Never report Examples: For vio-



7. B. No. 1.

1 PLACE OF DEATH 676	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County 2. The County of the Co	Registration Dist. No. 84
Village or City Darlington (No.	St.; Ward) [If death occurred lea hospital er lostitution give its NAME losteat ef street aud number.]
* FULL NAME John R. & fee	Uman of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mali Black (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended deceased from 2 1914 to 1814
7 AGE (Month) (Day) (Year) 16 LESS than 1 day,hrs. 10 ORmla?	and that death occurred on the date stated spore, at
8 OCCUPATION (a) Frade, profession, er particular kind of work Labour	Juliany July culous
(b) General nature of industry, business, or establishmaot io which employed (or employer)	(Doration) yrs. 6 mos. ds.
State or country) Mass.	(Secondary) (Deration) (Deration) (Secondary)
10 NAME OF James Shellma	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Volumer CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Rachel Muller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) .	of death
(Informant) Jacob. R. Dorsey	Former or usual residence.
(Address) A an Langton Mar.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Grand Still Com gam 20 1914
Filed and 1914 RECISTRARY	Herbert S. Bailey Warlington
If more blanks are needed, address State Berts to	far, 6 E. Franklin St., Balte., Requesting A. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-"Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhold different pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUIRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples:



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 677 County Jan Jord Village or City Dansylvi (No. 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution,	
* FULL NAME With autg &	give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Temale Thate (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That battended deceased from	
Month) (Day) (Year)	that I last saw h. Ex. alive on fall , 1914.	
AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:	
(a) Trade, protession, or faull wiff (b) General nature of industry, business, or establishment in	(Duration) 3 yrs. — mos. — ds.	
which employed (or employer) PEIRTHPLACE (State or country) Manhaud	Contributory (Secondary) (Duration) yrs mos ds.	
10 NAME OF THE Thompson	(Signed) Jane M. D. (Address) Darling Try The	
12 MAIDEN NAME CO OF MOTHER CHARLES 13 BIRTHPLACE OF MOTHER CHARLES 15 BIRTHPLACE OF MOTHER CHARLES 15 BIRTHPLACE OF MOTHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death	
(Informant) AMAM MALLE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place et death? Former or usual residence	
(Address) Danagery Ma.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Carling for Cence Jan 34. 1914	
Filed Jan 30-191	Herbert Paile Dathigton	
If more blanks are needed, address State Regulatrar, & E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



m

ż

PHYSICIANS RECORD PERMANENT THIS UNFADING Information 9 Item

pinous OCCUPATION classified. properly may 5 back terms. plain Instructions = DEATH See OF mportant. CAUSE

THE ABOVE IS TRUE TO

15

STATE OF MARYLANDWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIEO, WIDOWED. ORGIVORCEO (Month) I HERBBY CERTIFY. That I attended deceased from DATE OF BIRTH 0 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above. 1 day, Johrs OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General naturo of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ., 191 (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

Dist. No

(Day

Ilt doath occurred lo

(Year)

a hospital or institution.

give its NAME lostead of street and number. I

In the ot death yrs. mos. ... Stato Whore was disease contracted. It not at place of death?

usual residence.

DATE OF BURIAL ADDRESS

NDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Formor or

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skuil, and consequences (e. g., nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



PHYSICIANS should state OCCUPATION RECORD PERMANENT statem classified. pinoas THIS properly AGE INK supplied. be UNFADING msy certificate. carefully that 50 terms, pinous plain PLAINLY Instructions Information DEATH In See 10 LO Important. ы EVERY m

Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE it LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or parlicular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place In the ___ yrs. ____ mos. __ State Where was diseasa contracted. it not at place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons Never return "Laborer," As examples: "Foreman," (4)

losis of lungs, meninges, peritonaeum, etc.. ("Pneumonia," unqualified, is indefinite); Tubercupneumonla"); term for the same disease. time and causation), using always the same accepted CAUSINO DEATH (the primary affection with respect to brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningltls"); Diphtheria Typhoid fever (never Lobar pneumonia; Bronehopneumonia Examples: Cerebrospinal report "Typhoid (avoid use of Carcin-

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aectsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can-The nature of the "Exhaustion, Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 4 1914 BUREAU, V.S.

202

	sta Ve
	should IS NOI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is ve important. See instructions on back of certificate.
2	4 o
MANENT	EXACTLY.
A PERM	stated E
15 15 1	hould be
NK-TH	AGE s properly
DING I	supplied may be
UNFA	carefully o that it f certifica
/ITH	d be
*	tern tern on b
INLY	lon s plain lons
LA	In In
ITE	FATH Es inst
WR	OF L
	SE ortan
	CAU Impo
	m

2 5

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or CityWard) a hospital or institution, give its NAME instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SCHNGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 191 4 to 9 mm (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, at 10.10 clm. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 neumorus BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OFFATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs.__ Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS PEGISTRAR ddress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERFERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (sccondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BURLAC, V.S.